

## WYOMING EMPLOYER'S NOTICE OF CHANGE

Use this document to report changes of address, name, telephone number, addition or change of federal ID number, change of account status, or sale of a portion or all of the business. Complete all sections that apply by marking the appropriate choice and providing ALL information as requested in particular section, date and sign below. Attach documentation as needed. (Unemployment Insurance =UI Workers Compensation = WC)

**UI Number:****WC Number:****FEIN:****CHANGE IN NAME AND/OR FEDERAL IDENTIFICATION NUMBER:**

Effective Date of change:	Legal Name Changed To:
Federal IRS/Employer Identification (FEIN) Changed to: Reason for change:	Business Name Changed To:

**CHANGE IN ADDRESS:**

Effective Date of Change:	Physical Address (Attach list if more than one location):
Telephone Number:	
UI Mailing Address for Tax Info:	WC Mailing Address for Tax Info (WC only Summary Reports):
UI Mailing Address for Benefit Info:	WC Mailing Address for General and Claims Info:

**REQUEST TO CLOSE ACCOUNT:**

<input type="checkbox"/> Closed Business. Date Last Wages Paid: _____ <input type="checkbox"/> Operating Without Employees. Date Last Wages Paid: _____ If a Corporation or Limited Liability Company, does the corporation or LLC continue to exist? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**BANKRUPTCY INFORMATION:**

Bankruptcy Petition #: Petition Date: Chapter #:      Judicial District: Attorney Name: Address:  Telephone #:
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**CHANGE IN OWNERSHIP – INCLUDES SALE, MERGER, TRANSFER, LEASE:**

Sold, Leased or Transferred <input type="checkbox"/> PART of Business <input type="checkbox"/> ALL of Business	Date of Sale:	Seller's Last Day of Payroll:
Does Seller Retain Some Business with Payroll?	Acquiring Party's Name, Address, and Phone Number:	
Portion Business Sold: (identify location & assets)		

Return to:      Unemployment Tax Division  
                     Employer Services  
                     PO Box 2760  
                     Casper, WY 82602-2760  
                     Phone: 307-235-3217    Fax: 307-235-3278

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_